

UNITED STATES HOUSE OF REPRESENTATIVES
ETHICS IN GOVERNMENT ACT

2017 FINANCIAL DISCLOSURE STATEMENT - FORM A

Please provide the following information. Your address and signature WILL NOT be made available to the public.

Familyn Scott Miller

(Print Full Name)

226-1097

(Daytime Telephone)

2362A RthB, Washington, DC 20515

(Complete Address - Office or Home)

Filer Status:

☐

Member

☒

Officer or Employee

CERTIFICATION - THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The attached Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Ethics or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file, the attached report may be subject to civil penalties and criminal sanctions. See section 104 of the Ethics in Government Act (5 U.S.C. app. §§ 101-111) and 18 U.S.C. § 1001.

| Certification | Signature of Reporting Individual | Date |
|---|-----------------------------------|----------------|
| I CERTIFY that the statements I have made on the attached financial disclosure statement and all attached schedules are true, complete, and correct to the best of my knowledge and belief. | <u>Familyn Scott Miller</u> | <u>5-15-18</u> |

Members must file a signed original and two photocopies thereof.

Officers and Employees must file a signed original and one photocopy thereof.

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW

| Certification | Signature of Certifying Official | Date |
|--|----------------------------------|------|
| It is my opinion, based on the information contained in this Financial Disclosure Statement, that the reporting individual is in compliance with title I of the Ethics in Government Act (5 U.S.C. app. §§ 101-111). | | |

UNITED STATES HOUSE OF REPRESENTATIVES
2017 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

Name: Pamelyn Scott Miller Daytime Telephone: 224-1097

| | | | | | |
|--------------|--|------------------------------------|---|---|---|
| FILER STATUS | <input type="checkbox"/> Member of the U.S. House of Representatives | State: _____ District: _____ | <input checked="" type="checkbox"/> Officer or Employee | Employing Office: <u>Appropriations Committee</u> | Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> 2017 Annual (Due: May 15, 2018) | <input type="checkbox"/> Amendment | | | |
| REPORT TYPE | | | | | |

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

| | | | |
|--|---|---|---|
| A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" | |

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Pamelyn S. Miller

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| BLOCK A | | | BLOCK B | | | | | | | | | | | | | BLOCK C | | | | | | | | BLOCK D | | | | | | | | | | | | BLOCK E |
|--|-----|----------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|------|----------|---------------|----------------------|--------------|---|---|----|-----|----|---|----|-----|------|----|---|----|-----|--|
| Assets and/or Income Sources | | | Value of Asset | | | | | | | | | | | | | Type of Income | | | | | | | | Amount of Income | | | | | | | | | | | | Transaction |
| Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet. | | | Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which you have no interest. | | | | | | | | | | | | | Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period. | | | | | | | | For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest. | | | | | | | | | | | | Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as follows: (S (part)) Leave this column blank if there are no transactions that exceeded \$1,000. |
| SP, DC, JT | EIF | | A | B | C | D | E | F | G | H | I | J | K | L | M | NONE | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/BLIND TRUST | TAX-DEFERRED | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Madrigal Corp Stock | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Simon & Schuster | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ABC Hedge Fund | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Congressional Credit Union | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Wells Fargo Bank Acct | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Margin Stanley IPA's | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Alcouth Fund of America | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Smallcap World Fund | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Beverly Global | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Allegation Fund | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Pamilyn S. Miller

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| BLOCK A Assets and/or Income Sources | | BLOCK B Value of Asset | | | | | | | | | | | | | BLOCK C Type of Income | | | | | | | BLOCK D Amount of Income | | | | | | | | | | | | BLOCK E Transaction | | |
|---|-----------------------------------|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---------------------------|-----------|------|----------|---------------|----------------------|--------------|--|---|----|-----|----|---|----|-----|------|----|---|----|------------------------|---------------------|--|
| SP, DC, JT | ASSET NAME | A | B | C | D | E | F | G | H | I | J | K | L | M | NONE | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/BLIND TRUST | TAX-DEFERRED | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII | P, S, S(part), or E | |
| | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$1-\$1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$1,001-\$15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$15,001-\$50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$50,001-\$100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$100,001-\$250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$250,001-\$500,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$500,001-\$1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$1,000,001-\$5,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$5,000,001-\$25,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$25,000,001-\$50,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Over \$50,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Spouse/DC Asset over \$1,000,000* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Morgan Stanley IRA (cont) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | - Fundamental Investors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Amesipike Accounts - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | See pages 4 and 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (This includes the | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Variable Annuity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | on page 5.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Instructions for Part 2

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name: Family S. Miller - Ameriprise Accounts Page Number: _____

Part 2: Filer's Employment Assets & Income and Retirement Accounts

| # | Description | EIF | Value | Income Type | Income Amount |
|-----|--|-----|-----------------------------|---------------------------------------|---------------------------|
| 1. | BROOKFIELD ASSET MANAGEMENT INC VOTING SHS CL A | N/A | \$15,001 - \$50,000 | Dividends | \$201 - \$1,000 |
| 2. | COLUMBIA GLOBAL INFRA CL C | Y | \$1,001 - \$15,000 | Dividends and Long Term Capital Gains | \$201 - \$1,000 |
| 3. | FIDELITY ADVISOR NEW INSIGHTS CL A | Y | \$1,001 - \$15,000 | Dividends and Long Term Capital Gains | \$201 - \$1,000 |
| 4. | FRANKLIN MUTUAL GLOBAL DISCOVERY CL A | Y | \$1,001 - \$15,000 | Dividends, Short & Long Term Cap Gns | \$201 - \$1,000 |
| 5. | HOWARD HUGHES CORP | N/A | \$1,001 - \$15,000 | | None (or less than \$201) |
| 6. | IVA WORLDWIDE CL A | Y | \$15,001 - \$50,000 | Dividends, Short & Long Term Cap Gns | \$1,001 - \$2,500 |
| 7. | KINETICS GLOBAL CL C | Y | \$1,001 - \$15,000 | | None (or less than \$201) |
| 8. | KINETICS PARADIGM CL C | Y | \$15,001 - \$50,000 | | None (or less than \$201) |
| 9. | LIBERTY BROADBAND CORP SER C | N/A | \$1,001 - \$15,000 | | None (or less than \$201) |
| 10. | LIBERTY GLOBAL PLC CL A | N/A | \$1,001 - \$15,000 | | None (or less than \$201) |
| 11. | LIBERTY LATIN AMERICA (NAME CHANGE FROM LIBERTY GLOBAL PLC LIAC SHARES CL A) | N/A | None (or less than \$1,001) | | None (or less than \$201) |
| 12. | LIBERTY MEDIA CORP DEL SER A SIRIUSXM GROUP | N/A | \$1,001 - \$15,000 | | None (or less than \$201) |
| 13. | LIBERTY MEDIA CORP DEL SER C SIRIUSXM GROUP | N/A | \$1,001 - \$15,000 | | None (or less than \$201) |
| 14. | LIBERTY MEDIA CORP SER A BRAVES GROUP | N/A | None (or less than \$1,001) | | None (or less than \$201) |
| 15. | LIBERTY MEDIA CORP SER C BRAVES GROUP | N/A | None (or less than \$1,001) | | None (or less than \$201) |
| 16. | LIONS GATE ENTERTAINMENT CORP CL B NON VOTING | N/A | \$1,001 - \$15,000 | | None (or less than \$201) |
| 17. | MATTHEWS ASIA GROWTH & INCOME INVESTOR CL | Y | \$1,001 - \$15,000 | Dividends and Long Term Capital Gains | \$201 - \$1,000 |
| 18. | NEUBERGER BERMAN LONG SHORT CL A | Y | \$15,001 - \$50,000 | | None (or less than \$201) |
| 19. | OAKMARK EQUITY & INCOME INVESTOR CL | Y | \$15,001 - \$50,000 | Dividends, Short & Long Term Cap Gns | \$1,001 - \$2,500 |

See top of page 5

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name

Page Number

Part 2: Filer's Employment Assets & Income and Retirement Accounts

| # | Description | EIF | Value | Income Type | Income Amount |
|-----|---|-----|-----------------------------|---------------------------------------|---------------------------|
| 1. | ROYCE GLOBAL FINL SERVICES SERVICE CL | N | \$1,001 - \$15,000 | Dividends and Long Term Capital Gains | \$201 - \$1,000 |
| 2. | SOURCE CAPITAL | Y | \$1,001 - \$15,000 | Dividends | \$201 - \$1,000 |
| 3. | TETON WESTWOOD MIGHTY MITES CL A | Y | \$1,001 - \$15,000 | Long term capital gains | \$201 - \$1,000 |
| 4. | TEXAS PACIFIC LAND TRUST SUB SHARES CTF- PROPRIETARY UNIT | N/A | \$15,001 - \$50,000 | | None (or less than \$201) |
| 5. | THIRD AVENUE FOCUSED CREDIT INSTL CL | Y | None (or less than \$1,001) | Dividends | \$201 - \$1,000 |
| 5. | THIRD AVENUE VALUE INSTL CL | Y | \$15,001 - \$50,000 | Dividend, Short & Long Term Cap Gns | \$1,001 - \$2,500 |
| 7. | VIRTUS WEALTH MASTERS CL A | Y | \$15,001 - \$50,000 | Short & Long Term Cap Gns | \$201 - \$1,000 |
| 3. | WALT DISNEY CO | N/A | \$1,001 - \$15,000 | | None (or less than \$201) |
| 2. | COLUMBIA ACORN EMERGING MARKETS | Y | | | None (or less than \$201) |
| 10. | OAKMARK GLOBAL SELECT | Y | \$1,001 - \$15,000 | Dividends and Long Term Capital Gains | \$201 - \$1,000 |
| 11. | RIVERSOURCE RAVA'S VARIABLE ANNUITY (SUBACCOUNT HOLDINGS BELOW) | | | | |
| 2. | COLUMBIA VP U.S. EQUITIES FUND CL 2 | Y | \$1,001 - \$15,000 | | None (or less than \$201) |
| 3. | FTVIPT MUTUAL SHARES VIP FD CL 2 | Y | \$1,001 - \$15,000 | | None (or less than \$201) |
| 4. | IVY FUNDS VIP ASSET STRATEGY | Y | \$1,001 - \$15,000 | | None (or less than \$201) |
| 5. | PIMCO VIT ALL ASSET PORT ADVISOR CL | Y | \$1,001 - \$15,000 | | None (or less than \$201) |
| 6. | VP COLUMBIA WANGER INTL EQUITIES FD CL 2 | Y | \$1,001 - \$15,000 | | None (or less than \$201) |
| 7. | | | | | |
| 8. | FUNDAMENTAL INVESTORS CL 529 A | Y | \$15,001 - \$50,000 | Dividends and Long Term Capital Gains | \$201 - \$1,000 |

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* Column K is for assets solely held by your spouse or dependent child.

Use additional sheets if more space is required.

Instructions for Part 7

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

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Filer's Name

Pamelyn S. Miller Ameriprise Accounts

Page Number

Part 7: Transactions

| # | Description | Type | Date | Amount |
|-----|---|----------|--|---------------------|
| 1. | | purchase | Multiple: 1/3/17; 2/1/17; 3/1/17; 4/3/17 | \$1,001 - \$15,000 |
| 2. | TETON WESTWOOD MIGHTY MITES (EIF) | purchase | 1/19/17 | \$1,001 - \$15,000 |
| 3. | SOURCE CAPITAL INC (EIF) | purchase | 1/19/17 | \$1,001 - \$15,000 |
| 4. | WESTERN ASSET MANAGED MUNI | sale | 1/19/17 | \$1,001 - \$15,000 |
| 5. | TEXAS PACIFIC LAND TRUST | purchase | Multiple: 4/18/17; 7/14/17; 8/25/17 | \$1,001 - \$15,000 |
| 6. | LIBERTY GLOBAL | purchase | 7/14/17 | \$1,001 - \$15,000 |
| 7. | COLUMBIA ACORN EMERGING MARKETS (EIF) | purchase | 7/14/17 | \$1,001 - \$15,000 |
| 8. | ROYCE DIVIDEND VALUE | sale | 7/14/17 | \$15,001 - \$50,000 |
| 9. | VIRTUS WEALTH MASTERS | sale | 8/25/17 | \$1,001 - \$15,000 |
| 10. | HOWARD HUGHES CORP | purchase | 12/19/17 | \$1,001 - \$15,000 |
| 11. | LIBERTY FORMULA ONE SER C (FWONK) | sale | 12/19/17 | \$1,001 - \$15,000 |
| 12. | FRANKLIN MUTUAL GLOBAL DISCOVERY | sale | 12/19/17 | \$1,001 - \$15,000 |
| 13. | OAKMARK GLOBAL SELECT (EIF) | purchase | 7/14/17 | \$1,001 - \$15,000 |
| 14. | ROYCE INTERNATIONAL PREMIER | sale | 7/14/17 | \$1,001 - \$15,000 |
| 15. | GABELLI FOCUS FIVE | sale | 7/17/17 | \$1,001 - \$15,000 |
| 16. | MERGER: LIBERTY FORMULA ONE SER C (FWONK) FROM LIBERTY MEDIA CO LIBERTY MEDIA CO | purchase | 7/19/17 | \$1,001 - \$15,000 |
| 17. | | | | |
| 18. | | | | |

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INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior star" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Use additional sheets if more space is required.